

FILED AUG 28 1941 791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3301a Laclede Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 28 years /  
years, months or days)

3. (a) PRINT FULL NAME James Boykin

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 494-09-5446

4. Sex Male 2  
race Negro

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife  
Mamie Boykin

6. (c) Age of husband or wife if  
alive 45 years

7. Birth date of deceased August 31st.  
(Month) (Day) (Year)

1889  
(Year)

8. AGE: Years Months Days If less than one day  
51 10 18 hr. min.

9. Birthplace Ackerman | Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Scullin Steel Company

12. Name Allen Boykin

13. Birthplace Dansby Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Jordan

15. Birthplace Dansby Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Benson

(b) Address 4033a Cook Ave. St. Louis

17. (a) Burial (b) Date thereof 7-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Shady States

(b) Address 4107 Finney Ave.

19. (a) JUL 17 1941 (b) J. H. H. H. H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3301a Laclede Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th.  
year 1941 hour 10:30 minute a. M.

21. I hereby certify that I attended the deceased from  
MAY 10 1941 to July 15th. 1941.  
that I last saw him alive on July 10th. 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration  
4 Mos.

Due to Exsperstension

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Incant Mudd (Date signed) 1  
Address 2335a Franklin Ave.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
.....**James A. Johnson**....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*James A. Johnson*

Licensed Embalmer No.....**3522**.....

P. O. Address.....**4107 Finney Ave.**.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**